



November 2009

NATURAL RESOURCES AGENCY

Department of Resources Recycling and Recovery (CalRecycle)

**LOCAL GOVERNMENT WASTE TIRE CLEANUP AND
AMNESTY EVENT GRANT PROGRAMS
APPLICATION**

TCA6 Cycle – FISCAL YEAR (FY) 2009/10



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Mailed applications must be postmarked no later than **January 29, 2010**. Hand delivered applications must be received and date stamped by CalRecycle Staff no later than 3:00 p.m. on **January 29, 2010**. Late applications will be disqualified. Emailed or faxed applications will not be accepted.

Please follow instructions in the Application Guidelines and Instructions when completing this application. The Application Guidelines and Instructions are critical to properly completing and submitting this application.

Applications become the property of CalRecycle and are subject to disclosure under the Public Records Act. Do not submit confidential information.

Applications sent by U.S. Postal Service or a commercial delivery service should be sent in a manner that allows for tracking by the sender and that provides an addressed and dated receipt. Failure to do so is at the risk of the applicant and if delivery is delayed or the application is lost by the Post Office or delivery service, the burden is on the applicant to demonstrate timely mailing or delivery of the application.

LOCAL GOVERNMENT WASTE TIRE CLEANUP AND AMNESTY EVENT GRANT PROGRAMS – TCA6 (FY 2009/10)

Complete and submit all sections.

APPLICANT / ORGANIZATION INFORMATION					
APPLICANT / ORGANIZATION NAME:			CLEANUP PROJECTS AMOUNT:		
PARTICIPATING JURISDICTIONS (FOR REGIONAL PROGRAMS ONLY):			AMNESTY EVENTS AMOUNT:		
			REQUESTED TOTAL AMOUNT: <small>(ROUND AMOUNTS TO THE NEAREST WHOLE DOLLAR)</small>		
MAILING ADDRESS:			PROJECT ADDRESS:		
CITY:			CITY:		
COUNTY:	ZIP CODE:	COUNTY:		ZIP CODE:	
PRIMARY CONTACT NAME:		SIGNATURE AUTHORITY NAME: <small>(AS AUTHORIZED IN RESOLUTION)</small>		AUTHORIZED DESIGNEE NAME: <small>(IF APPLICABLE, AS AUTHORIZED IN LETTER OF DESIGNATION-LOD, SEE APPENDIX A FOR MORE INFO.)</small>	
TITLE:		TITLE:		TITLE:	
TELEPHONE NUMBER:		TELEPHONE NUMBER:		TELEPHONE NUMBER:	
FAX NUMBER:		FAX NUMBER:		FAX NUMBER:	
EMAIL ADDRESS:		EMAIL ADDRESS:		EMAIL ADDRESS:	
INDICATE WHICH TYPE OF ENTITY YOU ARE (CHECK ONLY ONE):					
<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> CITY & COUNTY <input type="checkbox"/> QUALIFYING INDIAN TRIBE <input type="checkbox"/> OTHER (LIST TYPE) _____					
LEGISLATIVE DISTRICT NUMBERS (TO FIND YOUR DISTRICT, USE MAILING ADDRESS ABOVE AND GO TO www.calrecycle.ca.gov/Profiles/Juris/) ASSEMBLY: _____ SENATE: _____				FEDERAL TAX IDENTIFICATION NUMBER:	

ENVIRONMENTAL JUSTICE CERTIFICATION	
<i>CalRecycle Grantees must in the performance of the Grant Agreement conduct their programs, policies, and activities that substantially affect human health or the environment in a manner that ensures the fair treatment of people of all races, cultures, and income levels, including minority populations and low-income populations of the State. (Govt. Code §65040.12(e) and Public Resources Code §71110(a))</i>	
Must check box	
<input type="checkbox"/>	We acknowledge that our organization will comply with these principles of Environmental Justice.

RESOLUTION REQUIREMENT

Submit either an approved Resolution, valid up to 5 years, with your application or the following acknowledgement

(If applicable, submit a current Letter of Designation (LOD) for signature designee)

Note: See Application Guidelines & Instructions for Resolution and Letter of Designation(LOD) information and examples

Must check one

☐

We acknowledge that an approved Resolution and, if applicable, LOD designating additional signature authority is enclosed in the application.

☐

We acknowledge that our approved Resolution must be received by CalRecycle no later than **February 26, 2010**. We further acknowledge that if our Resolution is received after this date, our application will be disqualified.

ENVIRONMENTALLY PREFERABLE PURCHASES AND PRACTICES POLICY

Acknowledgement that your organization has an Environmentally Preferable Purchases & Practices Policy

Must check one

Note: See Application Guidelines & Instructions for Environmentally Preferable Purchases and Practices Policy example and Notification

☐

Yes, our organization has an Environmentally Preferable Purchases and Practices Policy. Date adopted: _____

☐

No, our organization does not have an Environmentally Preferable Purchases and Practices Policy. We acknowledge that our organization must adopt one by **February 26, 2010** and send notification (see Application Guidelines & Instructions for Notification) to CalRecycle of such adoption by **February 26, 2010** or our application will be disqualified.

ACCEPTANCE OF GRANT PROVISIONS

☐

By checking this box, Applicant acknowledges that submittal of this application constitutes acceptance of all Grant Agreement provisions as contained in the Terms and Conditions and Procedures and Requirements. To download these documents see: (insert grant program link here)

APPLICATION CERTIFICATION

Certification: I declare, under penalty of perjury under the laws of the State of California, that all information submitted for CalRecycle's consideration for award of grant funds is true and accurate to the best of my knowledge.

X

*Signature Authority - as authorized in Resolution; or
 Authorized Designee - as authorized in submitted Letter of Designation*

Date

Print Name

Print Title

WASTE TIRE CLEANUP PROJECT(S) DESCRIPTION

Provide the location, parcel number and a description of each site, which includes proximity to populated areas or sensitive environments, number of tires, proposed method of remediation, and end use. Photographs should also be included. If there are more than 500 tires on private property and the owner is not responsible for the illegal disposal of the tires, then an affidavit for each site must be included with the application. *See Application Guidelines and Instructions for the affidavit form.*

WASTE TIRE AMNESTY EVENT(S) DESCRIPTION

Provide a description of the amnesty event(s), including the estimated cost per tire for each event (grant amount divided by number of tires to be collected). Please include a quote from a registered waste tire hauler to justify the estimated cost per tire.

Is there a current Waste Tire Enforcement Grant awarded that covers applicant's jurisdiction? ☐ Yes ☐ No

Work Plan
FY 2009/10 LOCAL GOVERNMENT WASTE TIRE CLEANUP PROJECT(S)

GRANT APPLICANT NAME:	PROPOSED PROJECT NAME(S):
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Task #	Description of Task(s)	Budget	Product/Results	Staff/Contractor	Time Period (Dates)

Work Plan
FY 2009/10 LOCAL GOVERNMENT WASTE TIRE AMNESTY EVENT(S)

GRANT APPLICANT NAME:	PROPOSED EVENT NAME(S):
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Task #	Description of Task(s)	Budget	Product/Results	Staff/Contractor	Time Period (Dates)

Budget
FY 2009/10 LOCAL GOVERNMENT WASTE TIRE CLEANUP PROJECT(S)

GRANT APPLICANT NAME:

Line Item	Title/Classification	No. Of Hours	Salary Rate	Benefit %	Total	Total Funds
Personnel						
Contracts (removal, transportation, disposal)		Description:				
Materials & Supplies		Description:				
Equipment Rental		Description:				
PROJECT GRAND TOTAL:						\$

Budget
FY 2009/10 LOCAL GOVERNMENT WASTE TIRE AMNESTY EVENT(S)

GRANT APPLICANT NAME:

Line Item	Title/Classification	No. Of Hours	Salary Rate	Benefit %	Match \$	Grant \$	Total \$
Personnel (project/grant oversight)*							
Labor (handling tires)							
Contracts (removal, transportation, disposal)		Description:					
Equipment Rental		Description:					
Materials & Supplies		Description:					
Education & Advertising*		Description:					
Totals:							
Grant Amount		/	Estimated Number of Tires to be Collected		=	Cost Per Tire	
		/			=		

Project oversight and education, outreach and advertising expenses, combined, are only reimbursable up to 25% of the total amount that is reimbursed for amnesty events.

GENERAL CHECKLIST OF BUSINESS PERMITS, LICENSES AND FILINGS

CalRecycle 669 (Rev. 1/10)

GRANT APPLICANT/GRANTEE NAME

GRANT NAME AND CYCLE	GRANT NUMBER, IF APPLICABLE	DATE SUBMITTED/UPDATED
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Mark (✓ or X) appropriate box on each line below. All lines must be completed.*Note: This list is not all-inclusive. Grant Applicant/Grantee must list other critical permits/licenses/filings not identified below.*

Grant Applicant/Grantee currently holds this valid permit/license/filing				
Grant Applicant/Grantee will modify and/or obtain this permit/license/filing				
This permit/license/filing is not applicable for this grant project or business				
			LOCAL PERMITS, LICENSES & FILINGS	REGULATOR OR ISSUER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authority to Construct/Permit to Operate	Air Quality Management District
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Construction Permit	City or County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business License	City or County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fictitious Business Name Filing	County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Land Use Permit/Zoning Clearance/Conditional Use Permit	City or County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permit By Rule (PBR) for Permanent HHW Facilities or Temporary Collection Events	City, County or Cal/EPA-DTSC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste Hauler Permit	City or County
			STATE PERMITS, LICENSES & FILINGS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Antifreeze, Battery, Oil & Paint (ABOP) Notification	CUPA or Cal/EPA-DTSC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corporate, Company or Partnership Filings	Ca. Secretary of State
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Waste Haulers Permit	Cal/EPA – DTSC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Industrial Activities Storm Water General Permit	Cal/EPA – SWRCB
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-Profit Organization 501 (C) (3)	Ca. Secretary of State
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prop. 65 Safe Drinking Water & Toxic Enforcement Act	Cal/EPA – OEHHA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solid Waste Facilities Permit	Cal/EPA – CalRecycle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State EPA Identification Number	Cal/EPA – DTSC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste and Used Tire Hauler Registration	Cal/EPA – CalRecycle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste Discharge Requirements	Cal/EPA – SWRCB
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste Tire Facilities Permit	Cal/EPA – CalRecycle
			FEDERAL PERMITS, LICENSES & FILINGS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	US EPA – Identification Number	US EPA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	US EPA – NPDES and/or NSR Permits	US EPA
			OTHER PERMITS, LICENSES & FILINGS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

DO NOT submit copies of the permits/licenses/filings with this form. Please retain all permits/licenses/filings in grant file for audit purposes.

<input type="checkbox"/>	<p>PRIVATE ENTITY CERTIFICATION: I declare under penalty of perjury under the laws of the State of California that the proposed grantee: 1) is in good standing and qualified to do business in the State; and 2) has or will comply with all applicable state, federal, and local laws, ordinances, regulations, license and permit requirements necessary for the proper performance of this grant; and 3) where compliance has not been met, I have attached a letter describing what has been done to achieve full compliance.</p>
<input type="checkbox"/>	<p>PUBLIC ENTITY CERTIFICATION: I declare under penalty of perjury under the laws of the State of California that the proposed grantee: 1) has or will comply with all applicable state, federal, and local laws, ordinances, regulations, license and permit requirements necessary for the proper performance of this grant; and 2) where compliance has not been met, have attached a letter describing what has been done to achieve full compliance.</p>

X

<i>Signature Authority / Authorized Designee</i> <i>(as authorized in Resolution or Letter of Designation-LOD)</i>	<i>Date</i>
<i>Print Name</i>	<i>Print Title</i>

Local Government Waste Tire Cleanup and Amnesty Event Grant Programs, TCA6 (FY 2009/10)

APPLICATION CHECKLIST

This application checklist is provided for your convenience and is not intended to be all inclusive. You are responsible for completing and submitting all required documentation.

Grant Application Form	
<input type="checkbox"/>	All applicable information and documents are provided; applicable boxes are checked.
<input type="checkbox"/>	Application Certification is signed by the: 1) Signature Authority as authorized in Resolution, or 2) Authorized Designee. <i>Authorized Designee may sign only if the Letter of Designation has been submitted to CalRecycle.</i>
<input type="checkbox"/>	A registered waste tire hauler quote is included
<input type="checkbox"/>	If applicable, Property Access Authorization and Responsibility Affidavit For Private Property is included. <i>See Application Guidelines & Instructions for more information.</i>
Environmental Justice Certification	
<input type="checkbox"/>	Box is checked.
Resolution or Requirement— <i>See Application Guidelines & Instructions for Resolution, and Letter of Designation (LOD) information and examples</i>	
<input type="checkbox"/>	Approved Resolution is included with Application; box is checked, or
<input type="checkbox"/>	If applicable, approved Resolution not submitted with Application but will be submitted to CalRecycle for receipt by February 26, 2010 ; box is checked. If applicable, Letter of Designation (LOD) is included with Application.
<input type="checkbox"/>	<i>A LOD is not required to be submitted with the Application; however, it must be submitted prior to Designee's exercise of his/her authority.</i>
Environmentally Preferable Purchases and Practices Policy— <i>See Application Guidelines & Instructions for example & notification</i>	
<input type="checkbox"/>	Signature Authority has certified that Applicant has an Environmentally Preferable Purchases and Practices Policy (EPPP Policy); box is checked, or
<input type="checkbox"/>	Applicant does not have an EPPP Policy but will adopt one by February 26, 2010 and submit a Notification to the CalRecycle for receipt by February 26, 2010 ; box is checked.
Certification of Completion of General Checklist of Business Permits, Licenses and Filings (CALRECYCLE669)	
<input type="checkbox"/>	CalRecycle 669 form is completed.
Acceptance of Grant Provisions	
<input type="checkbox"/>	Box is checked.
Application Format & Submittal	
<input type="checkbox"/>	Copies: One application with original signature (blue ink preferred), and two copies
<input type="checkbox"/>	Paper: 8½ X 11, printed double-sided, single spaced, on 100% post consumer fiber, and numbered consecutively
<input type="checkbox"/>	Stapled, not bound: upper left-hand corner
<input type="checkbox"/>	Font: Comparable to 12 pt. Times New Roman
<input type="checkbox"/>	Addressed to the appropriate mailing address of CalRecycle